U.S. District Court for the Northern District Of Illinois Attorney Appearance Form

Case Title:		Case Number:			
An appearance is her	eby filed by the undersi	igned as att	orney fo	r:	
Attorney name (type o	or print):				
Firm:					
Street address:					
City/State/Zip:					
Bar ID Number: Telephone Number (See item 3 in instructions)			Number	" :	
Email Address:					
Are you acting as lead	d counsel in this case?			Yes	No
Are you acting as local counsel in this case?				Yes	No
Are you a member of the court's trial bar?				Yes	No
If this case reaches trial, will you act as the trial attor			?	Yes	No
If this is a criminal cas	se, check your status.	R	etained (Counsel	
		•	•	Counseled counse	el, are you
		а	Federa	al Defende	er
			CJA Pa	anel Attor	ney
general bar or be granted I declare under penalty of	this Court an attorney must on the leave to appear pro hac vice perjury that the foregoing is as the same force and effective.	e as provided true and corre	for by loca ect. Under	al rules 83.1 28 U.S.C.§	2 through 83.14. 1746, this
Executed on					
Attorney signature:	S/ (Use electronic signature i	if the appeara	nce form is	s filed elect	ronically.)